

Identification of Emergency Department Patients for Referral to Rapid-Access Addiction Services

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PATIENT LABEL

<p>Does this patient meet <u>ANY</u> of the following <u>Exclusion Criteria</u>: (Please check any that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age < 18 years <input type="checkbox"/> Unable to assess substance use history (for any reason) <input type="checkbox"/> Patient is being admitted to hospital (or direct referral to ED for admission) <input type="checkbox"/> Patient is in corrections custody <input type="checkbox"/> NONE (i.e: patient does not meet any Exclusion Criteria) 	<p>Note that the following services would <u>NOT</u> be provided at a Rapid-Access Addiction Clinic:</p> <ol style="list-style-type: none"> 1. Acute Pain Management 2. Chronic Pain Management 3. Psychiatric services 4. Social Work services for patients not requiring addiction treatment or counselling
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This patient is identified as having problematic or high-risk substance use with:
(Check all that apply)

<input type="checkbox"/> Opioids	<input type="checkbox"/> Benzodiazepines
<input type="checkbox"/> Stimulants (ex: methamphetamine, cocaine/crack)	<input type="checkbox"/> Cannabis (ex: marijuana)
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Nicotine
<input type="checkbox"/> Other (please specify): _____	

This patient could potentially benefit from the following addiction services (Check all that apply):

<p><u>Withdrawal Management</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Opioid Withdrawal <input type="checkbox"/> Alcohol Withdrawal <input type="checkbox"/> Benzodiazepine Withdrawal <p><u>Pharmacotherapy</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Opioid Agonist Treatment (Suboxone, Methadone) ex: Rx start or re-start, Rx refill <input type="checkbox"/> Prescription Refill for Opioids ex: Hydromorphone/Dilaudid, Kadian (Morphine ER) <input type="checkbox"/> Nicotine Replacement Therapy (Bupropion, Champix) <input type="checkbox"/> Alcohol Cessation Therapy (ex: Acamprosate, Naltrexone) 	<p><u>Addiction Management or Counselling</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Opioids <input type="checkbox"/> Stimulants <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Nicotine <input type="checkbox"/> Cannabis (ex: marijuana) <input type="checkbox"/> General Addiction Counseling <input type="checkbox"/> Harm Reduction Supplies (ex: sterile injection or inhalation supplies) <input type="checkbox"/> Other (please specify): _____
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If available, would you refer this patient to an on-site Rapid-Access Addiction Clinic?

YES NO ⇒ If NO, why not?

- Patient would not accept referral
- Patient does not live in Edmonton
- Patient already has Addiction follow-up arranged elsewhere
- Other (please specify): _____
